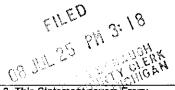


## **CANDIDATE COMMITTEE**



FOR OFFICIAL USE ONLY

COVER PAGE	Con the state of t
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 2-13-08 to 7-20-08
1. Committee I.D. Number 138025	4. Candidate Last Name First Name M.I.  MAYER NICHOLAS
	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name CTE	TRUSTEE - CHESTERFIELD TOWNSHIP
NICHOLAS & MAYER	4b. County of Residence MR Com B
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
31215 BRODERICK DR.	NICHOLAS S. MAYER
CHESTERFIELD MI 48051	31215 BRODERICK DR.
Area Code and Phone (5PLo) 749-8535	CHESTERFIELD MI 48051
If the address in this box is different from the committee mailing address on the Statement of Organization, mall may be sent to this address by the filing official.	Area Code & Phone (SEC) 749-8535
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
31215 BRODERICK DR.	Designated Record keeper)
CHESTERFIELD MI 48051	$\omega/A$
	,
Area Code and Phone (586) 749-85-35	
Area Code and Phone (586) (47-635)	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	st-Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to Indicate which Statement is being amended)
Primary Ger	9e. Dissolution of Candidate Committee
	Effective Date of Dissolution
Convention	chool
Special Cau	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
08-05-02	the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule
A committee that does not have a Reporting Walver must file all re	1B and the Summary Page. required Campaign Statements. The Campaign Statements must include all applicable
I the arrest the information listed in items 2 of E. C. 7 or 9 has above	regulred Campaign Statements. The Campaign Statements must include all applicable senditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. Indeed, the information was shown on the committee's Statement of Cranization, and the committee's Statement of Capacitation, and the committee's Waiver is not regarded on or
amendment to the Statement of Organization should accompany before the filing deadline of a required campaign statement, t	that campaign statement cannot be waived.
10. Verification: IWe certify that all reasonable diligence was used mylour knowledge and belief the contents are true, accurate and c	d in the preparation of this statement and attached schedules (if any) and to the best of complete.
Current Treasurer or No. Hours 5 mayer	1/2h & Mary 7-20.08
Designated Record keeper Type or Print Name	Signature
Candidate NicHoins 5 mayer	Signature Date 7-20.08
Type or Print Name	Signature Date
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



SUMMARY PAGE

1. Committee I.D. Number 138025

2. Committee Name CTE NICHOLAS 5 MAYER

CANDIDATE COMMITTEE	2. Committee Name CIEINGHO	
RECEIPTS	Column I This Period	Column II  Cumulative this election cycle
3. Contributions	· · · ·	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2331.71	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	7/
c. Subtotal of "Contributions"	(3c.) \$ 2331.71	(18.) \$ <u>2331.71</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 2331.71	(20.) \$ 2331.71
IN-KIND CONTRIBUTIONS & EXPENDITURES		,
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	777:71	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2331.71</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	277:71
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 2331.71	(23.) \$ 2331.71
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.)\$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 45co.71	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	-
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.)+s Z331.71	_
(Line 5, Total Contributions & Other Receipts)	27.2171	_
15. SUBTOTAL Add lines 13 and 14		-
16. Amount expended during reporting period	(16.) - \$ <u>233/.7/</u>	_
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$	· *
(Subtract line 16 from line 15)	X	<del></del>



#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

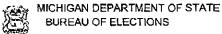
CANDIDATE COMMITTEE

1. Committee I.D. Number 138025
2. Committee Name CTE NICHOLAS SMAYE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7, Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6-16-08 Name & Address:  ROB HASKING ZESSEE WALE DE.  CHESTERFIELD INTL 4800   5. If over \$100.00 cumulative, please provide:	\$ <b>2</b> 00.	s Z86 · OF
OccupationEmployer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-18-08  Name & Address  DOUTINE  53730 BATES PD.  CHESTERFIELD INF 48051  5. If over \$100.00 cumulative, please provide:	s <u>ico</u> . <sup>Ses</sup> Click Here fo	s 100°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-23-08 Name & Address:  STEUEN MAYER 20451 15 mile 20, CLINTON TWP, MT 48035  5. If over \$100.00 cumulative, please provide:	\$ 50.00 Click Here for	\$ 50,000  Memo Itemization
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6-24-08  Name & Address  SOHD LOCK  3/058 BECKELCK DE.  CHESTECFIELD MT 48051  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ Z5.	\$ 25.00 Memo Itemization
Business Address  Type of Contribution:   Direct   Loan from a person   Fund Raiser		:
Type of Contribution: Direct Loan from a person Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	375.00 375:00	-

Page 1 of 6

Enter this total on line 3a of Summary Page.



### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Bellacino's

#### CANDIDATE COMMITTEE

1. Committee I.D. Number 138025

2. Committee Name CTE NICHOLAS S MAYER

CANDIDATE COMMITTEE		10-13-1-1
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6-25-08  Name & Address:  NICHCIAS S MAYER  31215 BRODERICK DE  CHESTERFIELD MT 48051  5. If over \$100.00 cumulative, please provide:	s	\$ 700°°°
Occupation Employer		
Business Address  Type of Contribution: Direct X Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 - 25 - 08 Name & Address		
Louis Archeo 47398 CHEUS MACONS MI 48044 5. If over \$100.00 cumulative, please provide:	s 25.00	s 25. 30
Occupation Employer		•
Business Address		
Type of Contribution: Direct Loan from a person K Fund Raiser		
S. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-30-08  STEVE NOVAK  3119 BRODERICK DR	s 26.50	s 25.00
CHESTERFIELD MI 48051	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Loan from a person X Fund Raiser	,	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-1-08 Name & Address  DAVE WAGNEE  52 334 GRATICT AVE  CHESTELFIELD INT 48051  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$ 25.5° Click Here for	\$ 25 Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	775:00	

Page Z of 6

Grand Total of All Schedules 1A (Complete on last page of Schedule)

1150.

Enter this total on line 3a of Summary Page.



### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE
---------------------

1. Committee I.D. Number 138025

2. Committee Name CTE NICHOLAS S. MAYEL

Enter contributor's name and address. If contribution is from an Individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for     Election Cycle for Each     Contributor (Through     date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-4-08  Name & Address:  DONNA M. MEHD  31740 SOSEPH  CHESTERFIELD ME 48047  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	s 50°°°C	s So ' ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-9-08  Name & Address  SERRY NUTTING  46248 Community CENT. D2.  CHESTELFIELD MF 48047	s_50.°°	\$ 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-9-08  Name & Address:  CATHERINE P. SARVER  P.O. COX 305  NEW BALTIMORE MT 48047  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Ralser	S 50° CO	s SO
A Contribution # 4 Name & Address  GERALD; NE GULA HOOGO AYNESLEY ST. CLINTON TWP. m = H8038  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: Direct Loan from a person Fund Raiser	S LOCY OF Click Here for	s\co
Page Subtotal	250.00	
Grand Total of All Schadular 1A	MACHIO	

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:  PAC Receipt?  YES  4. Date of Receipt  7-9-08  WALY CETH LATCUSK:  Z8558 LANCASTER DR.  CHESTERFIELD MT 48047  5. If over \$100.00 cumulative, please provide:  Occupation  Employer  Business Address	S SO S S S S S S S S S S S S S S S S S
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-9-08 Name & Address  KEILIE A. MESELBACH - Klarich 14 619 RICE DRIVE  STERLING HEIGHTS MI 48313	s 50.00 s 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-9-08 Name & Address:  GLENN 6. SIVELL Z9567 HICKEY OHESTERFIELD MI 48051 5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$ 50 ° s 50 ° Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
ACReceipt? YES 4. Date of Receipt 7-9-08 Name & Address  DOW TUNE  53.730 BATES RD.  CHESTERFIELD MT 48051  5. If over \$100.00 cumulative, please provide:	s 50° s 50° c Click Here for Memo Itemization
OccupationEmployer	
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtota  Grand Total of All Schedules 1A  (Complete on last page of Schedule)	1/000.00

#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

Bellacino's

#### **CANDIDATE COMMITTEE**

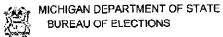
1. Committee I.D. Number <u>138025</u>

2. Committee Name	CTE 1	JICHOLAS	<u>S</u>	MAYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-9-08  Name & Address:  EDWAGE SCHADE  Z34 MUND POSE  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person X Fund Raiser	\$ 100° ° Click Here fo	s (CO-
ANY ZARATE  ZOSGRAUTUMN LAKE DF.  CHESTERFIELD, MZ 48051  5. If over \$100.00 cumulative, please provide:  OccupationEmployer  Business Address  Type of Contribution: Direct   Loan from a person   Fund Raiser	s_50°°C	s 60 To a serion or Memo Itemization
Type of Contribution: Direct Loan from a person 2 Fund Raiser  3. Contribution #3 PAC Receipt? YES 4. Date of Receipt — 9-08  Name & Address:  MRS. GERALD: WE SCHMIST  3952 GAINT SAMES CT.  SHELBS TWP. WI 48316  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person V Fund Raiser	\$ 50.00	s Some Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-9-08 Name & Address  TAYLOR  CHESTELFIELD MIT 48051  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		\$ ZS
Page Subtota  Grand Total of All Schedules 1A  (Complete on last page of Schedule	1825.00	-

Page 5 of 4

line 3a of Summary Page.



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 138025

2 Committee Name	CTE	MICHOLAS	$C_{\mathcal{D}}$	MA	K

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle Initial. Check box to Indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-10-08  Name & Address:  SUZABLE DELGADO  SOFTI PESGY LA.  CHESTERFIELD INT 46047  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50°°° Click Here fo	s Sor Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7. 9.08  Name & Address  NICHOLAS SIMAYER  31215 BRODERICK DR.  CHESTERFIELD MIT 48.051  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: Direct X Loan from a person Fund Raiser		s 456.71 or Memo Itemization
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$Click Here fo	. \$ r Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	şClick Here fo	\$ r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		

Grand Total of All Schedules 1A (Complete on last page of Schedule)

2331.71

Enter this total on line 3a of Summary Page.



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 138025

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name  AMERICAN GRAPHICS PRINTING CO.  Address  34895 GROSBECK  CLINTON TOUR MI 48035  Fund Raiser	Purpose: FLIER RIVERS  Click  Check box if this expenditure is payment of debt or obligation reported on previous statement		\$ <u>90-10</u> Itemization Type
Expenditure #2  Name  SAWICK: E. SON  Address  1521 WEST LAFAYETTE  DETROIT MI 4821CO  Fund Raiser	Purpose: Sous  Click  Check box if this expenditure is payment of debt or obligation reported on previous statement	6-19-08 Date Here for Memo	\$ <u>882.45</u> Itemization Type
Expenditure #3  Name STAPLES  Address 5/382 GRATIOT AVE.  CHESTERFIELD MI  4805/	Purpose: LABELS & PliNTER  Click  Check box if this expenditure is payment or debt or obligation reported on previous statement	Here for Memo	
Expenditure #4  Name MicHoLAS S MAYER  Address 31215 BRODERICK DR.  CHESTERFIELD WIT 48051  Fund Raiser	PurposeLOAN PAYMENT	7-19-08 Date  Here for Memo	
Expenditure #5  Name STAPLES  Address 51387 GRATIOT AVE  OHESTER FIELD INT  V8051	Purpose: ENVELOPES !  COLOR PAPER  Click  Check box if this expenditure is payment or debt or obligation reported on previous statement	6-3-08 Date  Here for Memo	\$ <u>175.</u> 59  Itemization Type

Enter this total on line 8a of Summary Page

Grand Total of all Schedules 1B (Complete on last page of Schedule)



#### **ITEMIZED EXPENDITURES** SCHEDULE 1B **CANDIDATE COMMITTEE**

Bellacino's

1. Committee I. D. Number 138025

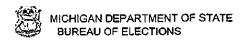
2. Committee Name CTE. KicHoLAS S MAYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name U.S. POST MASTER		6-13-08	\$ 126.00
Address NEW BALTIMORE POST OFFICE		Date	
NEW BALTIMORE MI 48047		Here for Memo II	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Embroidery ARTS		<u>6-9-08</u>	s 306.57
Address 49576 GRATIOT	Purpose: T-SHIKTS	Date	
CHESTERFIELD TWO MI	Click H	Here for Memo It	emization Type
48051 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			•
Address	Purpose:	Date	<b>5</b>
r1	Click H Check box if this expenditure is payment of debt or obligation reported on previous	ere for Memo Ite	emization Type
Fund Raiser	statement		
Expenditure #4			
Name .			
Address	Purpose:	Date	5
·	Click H	ere for Memo Ite	mization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name .			
Address	Purpose:	Date	\$
	Click H	ere for Memo Ite	mization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	ac iqi mgibo ite	mzauon type
	statement	<del></del>	/in a =

Subtotal this page

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



DEBTS	AND	ОВ	LIG	βA	ΓΙΟΙ	NS
S	CHE	ווור	F·	1 F		

CANDIDATE COMMITTEE 2. C	ommittee Name CTE	VICHOLAS '	O MAY	<u> </u>
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	mittee OR b. Debt	s and obligations owed <u>to</u> or irpose checked.)	forgiven by the cor	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding     Balance at close     of this period     (Item 6 minus     Item 8)
Debt #1 Corp? Yes Owed @ or by:	4. Type: LOAN	s		
NICHOLAS S MAYER	5. Date Debt Was Incurred:			•
31215 BRODERICK DR.	6-25-08	\$	.700.	s Ø
CILESTEPEIPLD MI	6. Original Amount of Debt	\$	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	FORGIVEN
48051	Ψ	\$	1	
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed; \$	
Debt #2 Carp? Yes Owed Oar by:	4. Type: LOAD	\$		
Micholas S. MAYER 31215 BRODERICK DR	5. Date Debt Was Incurred:	\$	_	
31215 BRODERICK DR	6. Original Amount of Debt:	\$	s <b>Ø</b>	s 456,71
CHESTERFIELD MI HOSI	s	<u> </u>		FORGIVEN
•		<u> </u>		
If bank loan, name of endorser or guarantor:	1	An	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	s		
	5. Date Debt Was Incurred:	<u> </u>		
	6. Original Amount of Debt:	<u> </u>		<b>Q</b>
	6. Offdinal Amount of Dept.	<u> </u>	· \$	FORGIVEN
	<b>4</b>	\$		[]PORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	<u> </u>
				Ф
		Page Subtotal	(Outstanding debt)	

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or-line 12b "owed to" of the Summary Page



#### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber	38025		
		NICHOLAS	5	MAYER

	- USE A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity  BUFFET D: NNER	6. Address and Name (If any) of the place where the activity was held.  Sug assumed thanks  Z7900 Z1 mile  CHESTELFIELD MZ  Private Residence
`	<u>825</u> \$	s Made For the Event)	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
<ul> <li>period covered by the</li> <li>Receipts and expendit</li> <li>Schedule (1A), Itemize</li> <li>Summary Page.</li> </ul>	ired to file a separate Fund Rais Campaign Statement. ures listed on a Fund Raiser Sc ed In-Kind Contributions Schedu articipated in a joint fund raiser	hedule must also be reported on le (1-IK), Itemized Expenditure	on the Itemized Contributions is Schedule (1B) and the